

Unhappiness and the Radiologist

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Where do radiologists rank among medical specialties with regard to happiness? Toward the top, ahead of family physicians, general internists, and other primary care physicians who spend a high proportion of their time dealing with chronic diseases? Toward the middle of the pack, along with general surgeons and surgical specialists, who tend to work long hours? Or toward the bottom of the pecking order, with emergency physicians and others who enjoy little control over the clinical problems they are presented with?

In fact, a 2015 Medscape survey showed that among all medical specialties, radiologists rank dead last in happiness (Fig. 1) [1]. Moreover, burnout rates in the field have been increasing rapidly, rising from 37% in 2013 to 49% in 2015 [2]. On the basis of such findings, it seems reasonable to infer that radiology has not been faring well in recent years. Projecting such trend lines forward, it may become more difficult to retain radiologists and attract new entrants to the field. How can trainees beginning their career increase the probability that they will find happiness and thrive in the decades ahead?

To determine why radiologists are unhappy, it is first necessary to understand the factors responsible for work satisfaction and fulfillment. Although these factors are complex and vary from situation to situation, there are some general take-home lessons that deserve to be highlighted. One factor that plays an important role is control over work. If radiologists feel that work is simply being thrown at them and that they have little control over where, when, with whom, how, and even why they work, then happiness at work is likely to suffer.

This is the author's manuscript of the article published in final edited form as:

Gunderman, R. B., & Moneva, D. (2016). Unhappiness and the Radiologist. *Journal of the American College of Radiology*, 13(5), 582–584. <http://doi.org/10.1016/j.jacr.2015.09.002>

A famous experiment involving nursing home residents provides some insights [3]. On one floor, all decisions, such as what plants were used to decorate the environment, were made by staff members. On another floor, the residents were consulted, and their choices were implemented whenever possible. Over time, residents on the decision-making floor were found to be significantly happier and even to have better health outcomes than residents who did not make decisions. The conclusion? A sense of control is conducive to happiness.

Another factor is interpersonal connection, affiliation, and camaraderie [4]. When radiologists are treated like automata on an assembly line, evaluated only by the rate at which they produce, fulfillment in work tends to suffer. On the other hand, when people have a chance to get to know and develop meaningful working relationships with colleagues, work satisfaction tends to increase. The development of collegiality requires time for people to interact, and it is facilitated by a culture that recognizes the importance of relationships.

A crucial factor in work fulfillment is a sense of making a difference. When radiologists feel as though they do little more than shorten worklists or keep report turnaround times short, their sense of meaning and fulfillment will almost certainly suffer. But when people can see the contribution their work makes to the lives of others, its meaningfulness is likely to increase. This presents a special challenge for radiologists who rarely interact with patients and referring physicians. In such circumstances, extra effort may be needed to make their contributions visible.

The goal in recognizing such factors is not merely to do away with the features of work that produce dissatisfaction, but to accentuate the ones that promote a positive sense of fulfillment. For example, if a radiologist feels unfairly underpaid, an increase in compensation may go a long way to relieve this unhappiness, but money alone cannot produce genuine fulfillment. To paraphrase psychologist Frederick Herzberg [5], to get radiologists to do good work, it is necessary to give them genuinely good work to do—the kind of work they would be proud to tell their family and friends about.

A typical response of radiology leaders to declining levels of happiness and engagement is to identify sources of discontent and remedy them. This might be called a deficit-based strategy. Such an approach waits until a problem has been identified and then sets about solving it. The problem with this strategy is analogous to the underlying problem with the US health care system: we spend a great deal of money trying to rescue people who have fallen seriously ill, often with mixed results, instead of making more modest investments in enhancing health.

An alternative approach, developed by David Cooperrider and colleagues at Case Western University, is called appreciative inquiry [6]. Asserting that our answers are shaped by our questions [7], appreciative inquiry is less interested in what workers are doing wrong than what they are doing well. Instead of identifying deficits, it begins with strengths. Applied to radiology, the key question would not be “What makes you unhappy?” but rather “What aspects of your work generate energy, creativity, and a sense that you are growing and developing toward your full potential?”

What would this look like in practice? A radiologist or group of radiologists might be challenged with questions like these [8]:

1. Tell me about a time you felt excited and invigorated by your work. How could we make such experiences more frequent?
2. What aspects of your practice help build a sense of camaraderie and vitality throughout the organization, and how could they be accentuated?
3. When has the level of collaboration in your practice been at its highest, and what would be necessary to recreate that feeling?
4. Tell me about a mentor who has helped you be your best and how that person made a difference in your life. What would it take for you to play a similar role?

5. What common purpose or mission unites everyone in your organization, and how could it be nurtured going forward?

There are a number of specific steps any member of a group can take to enhance happiness in the workplace. One is to foster engagement by helping people discover meaningful opportunities to contribute to the organization, its people, and the patients and community it serves. Another is to build relationships, by making relationships an organizational priority and setting aside time and space for people to get to know one another better. Still another is to ensure that people have a voice in shaping their daily work and how it is assessed and rewarded.

There are additional steps to enhance work happiness that need to be taken outside of work. One is to develop passions outside the workplace, such as hobbies and service activities. Another is to pay attention to health, by eating well, exercising, and getting sufficient rest. Still another is to build relationships outside of work with friends and family. Work is an important part of life, at which radiologists typically spend half their waking hours, but when the amount of time and attention we devote to work increases too much, work itself begins to suffer.

It is commonly assumed that happiness is the result of success. In fact, however, the truth is closer to the opposite: success is the product of happiness. To a large degree, happiness is a habit or mindset. If radiologists can find genuine occasions for celebration in their work—helping to save a patient’s life, enabling a colleague to take better care of a patient, sharing an important lesson with a future physician, making a valuable contribution to the knowledge base of the field—they are likely to be more successful at the work they do, precisely because more of their heart is really in it.

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Figure 1. Average reported level of happiness on a five-point Likert scale, by medical specialty. Adapted from Peckham.

